



Division of Integrated Health Systems, Family and Children's Health Programs Group, CMSO

June 24, 2003

Kathryn Kuhmerker
Deputy Commissioner, Office of Medicaid Management
New York State Health Department
Empire State Plaza
Corning Tower, 14th Floor
Albany, NY 12237

Dear Deputy Commissioner Kuhmerker:

I am pleased to inform you that the Centers for Medicare and Medicaid Services (CMS) is approving Otsego County's application to participate in the New York Non-Emergency Transportation Waiver Program, under waiver authority of Section 1915(b) of the Social Security Act (the Act).

I base my decision to approve the County's request on the evidence submitted by the State in its request and during the review process indicating that, subject to the conditions described below, the County will meet all statutory and regulatory requirements for the assurance of quality, accessibility, and cost effectiveness of care, as is required in all Section 1915(b) waivers. This approval provides for the waiver of section 1902(a)(1) - Statewide; 1902(a)(10)(B) - Comparability of Services; and 1902(a)(23) - Freedom of Choice. It allows Otsego County to restrict Medicaid beneficiaries' choice to obtain non-emergency transportation services only through the specified transportation coordinator. Approval also allows the State to claim transportation as an optional medical service rather than as an administrative expense.

Approval of this request to participate in the New York Non-Emergency Transportation Waiver Program covers the period from date of approval through November 14, 2004. New York may request that this authority be renewed. To do so the State must submit its request for renewal at least 90 days in advance of the expiration date (i.e. by August 14, 2004).

Approval of this waiver request is in accordance with the requirement that the project will be cost effective, will not substantially impair access to care and services of adequate quality, and will not restrict emergency services or family planning services. Approval is contingent upon the State's meeting the terms and conditions outlined below:

The independent assessment is due three months prior to the end of the waiver, and may be submitted with the State's renewal request. Guidance to assist States in choosing an appropriate independent assessment entity and to specify the contents of the independent assessment is available on the CMS web site under "Medicaid; Technical Assistance; CMS Guidelines for the

Independent Assessment for Requirements for Section 1915(b) Waiver Program” at www.cms.hhs.gov/medicaid/managedcare/tatools/asp;

Otsego County must ensure that they monitor the transportation coordinator’s ability to provide timely and appropriate transportation to Medicaid recipients;

The State’s Department of Health is to provide the findings of their site visit with the CMS Regional Office, to be conducted six months after implementation of this waiver in Otsego County; and,

The State is to provide a copy of the contractual agreement between Otsego County and the transportation coordinator for review and approval by the CMS Regional Office.

We wish you success in Otsego County’s participation in New York Non-Emergency Transportation Program. If you have any questions or if there are any changes in the Otsego County’s participation in the NY NET waiver, feel free to contact Mr. Michael Melendez with the Division of Medicaid and State Operations in CMS’s New York Regional Office at (212) 264-9121.

Sincerely,

/s/

Mike Fiore
Director

cc: Tim Perry-Coon, NY
Sue Kelly, ARA for DMSO, CMS New York Regional Office
Michael Melendez, CMS New York Regional Office
Nancy Keates, CMS
Gloria Smiddy, CMS